## Emergency Services Training Fire Fighter Recertification Application

| Name:  |   |                  | SSN:                            |           |
|--|---|------------------|---------------------------------|-----------|
| (Last)   | (First)   | (MI)             |                                 |           |
| Home Address:  |   |                  | Home Phone:                     |           |
| City, State, Zip:  |   | _                | Work Phone:                     |           |
| E-mail Address:  |   |                  | Cell Phone:                     |           |
| Fire Department Affiliation:   |   |                  |                                 |           |
| Fire Department Address:   |   |                  |                                 |           |
| City, State, Zip:  |   |                  |                                 |           |
| Date Last Certified:   |   |                  |                                 |           |
| •  |   |                  | •                               | 1         |
| Recertification Level Requested:   | ☐Fire Fighter I                                       | ☐Fire Figh       | ter II                          |           |
| * Requirements for Recertification   |   |                  |                                 |           |
| Completion of at least 36 hours of 108 hours for a three (3) year hours (54 hours) must  | ar period in the area of                              | certification    |                                 |           |
| I certify that the records of this jurnaintained by this department.   | isdiction substantiate the                            | e statements m   | ade and that training documen   | tation is |
| Signature of Chief or Training Officer:  |   |                  | Date:                           |           |
|  |   |                  |                                 |           |
| I affirm that I meet the requiremen<br>omissions of material facts will can<br>Training or its authorized represen<br>and other related training documen | use denial or forfeiture of tatives permission to rev | of my certificat | tion. I grant Emergency Service | ces       |
| Signature of Applicant:  |   |                  | Date:                           |           |